



TOWN OF NEWSTEAD

P.O. Box 227 5 Clarence Center Rd. Akron, NY 14001

Supervisor: (716) 542-1231 • Town Court: (716) 542-4575 • Town Clerk: (716) 542-4573

Assessor/Code Enforcement: (716) 542-4574 • Fax: (716) 542-3702

Calls for Hearing Impaired: 1-800-662-1220

Town of Newstead Requests for Newstead Community Building (Former Denio Library) Downstairs Meeting Room

Request for use of the Newstead Community Building downstairs meeting room is open to civic organizations, not-for-profit groups, youth sports organizations and scouting groups on a first come, first served basis.

Requests for reservations must be submitted on the attached application form to the Newstead Town Hall attention of the Town Clerk not more than six months in advance of date requested.

Any request for use of the room that requires extra services are the responsibility of the requester.

Meeting Room Rules:

- *No Alcoholic beverages
- *If using kitchen it must be cleaned after usage.
- *Please leave the meeting room in the same (or better) condition as you found it. You are responsible for cleaning up your own garbage and placing bags in the garbage cans located in the stairwell on site.
- *No storage of supplies or equipment in the meeting room without prior approval.
- *Violations of the above rules may result in dismissal of privileges for future use of the meeting room.

If you have any questions, please contact Town Clerk, Dawn Izydorczak at 542-4573.

David L. Cummings, Supervisor • Dawn D. Izydorczak, Town Clerk
Justin M. Rooney, Cheryl M. Esposito, James Mayrose, Richard C. Baran, Councilmen
Nathan S. Neill, Attorney • Michael Bassanello, Hwy. Superintendent • Rebecca K. Baker, Assessor
Christine Falkowski, Senior Clerk - Planning & Building • John Good, Code Enforcement Officer

Town of Newstead- Town Hall
5 Clarence Center Rd
Akron, NY 14001

DOWNSTAIRS DENIO
BUILDING USE REQUEST FORM

Name of Organization: _____

Address: _____

Phone: _____ Fax: _____

Contact Person: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Date and Time of Use: _____

Type of Activity Planned: _____

Number of Persons Expected: _____

Check Areas Which Will Be Needed:

_____ Open Meeting Room _____ Kitchen

Signature of Person Making Request: _____

Date Submitted: _____

It is necessary to make your request at least 2 weeks prior to usage. All necessary clean-up will be the responsibility of the requesting organization.

Request Approved By: _____

Date Approved: _____

*You will receive a signed approval of this form for your records prior to the date requested.